HORMONE HERESY
Oestrogen's Deadly Truth

Women are misinformed about their hormones, to the detriment of their health, while drug companies reap huge profits at their expense.

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For over 300 years, beginning in the 13th century and continuing well into the 16th century, the Inquisition was a reign of terror for the vast majority of people living throughout Europe and Scandinavia. The political, economic and religious forces of that time joined together to consolidate their power by eliminating those whom they perceived as impeding their ultimate objectives.

The unfortunate target of their efforts were the keepers of the healing arts and the ancient spiritual and cultural wisdoms. Historians debate the exact toll of such a hellish time—whether it was several hundreds of thousands or as many as nine million people—but what is undebatable is that the vast majority of the victims were women. In fact, the Inquisition is now regarded as a period of genocide against women, which successfully divested women of their power, self-respect, wealth, healing arts, and prominence and influence in their communities.

The Inquisition guaranteed that the Church fathers were the indisputable spiritual authorities. It was also successful in enshrining medical knowledge securely in the realm of men, since the Inquisition decreed that only trained medical doctors could now practise the healing arts and, needless to say, medical schools were barred to women (for that matter, so was any form of education).

What a relief that such a violent and misogynous era ended long ago. Or did it? Unfortunately, it appears that some traditions linger on. Women of today are still prey to vast political and economic interests, with dire consequences to their health, financial independence and personal power. Perhaps the Inquisition didn't end at all but just took on a more subtle and devious form.

Women are certainly big business to the medical and pharmaceutical interests. According to John Archer, author of *Bad Medicine*, about 600,000 hysterectomies are performed every year in the USA, and about 45,000 in Australia.[1] In 1994, it was estimated that 45,000 Australian women were taking hormone replacement therapy (HRT).[2] Many women are presently encouraged to remain on HRT for the rest of their post-menopausal lives.

According to Dr Stanley West, noted infertility specialist, chief of reproductive endocrinology at St Vincent's Hospital, New York, and author of *The Hysterectomy Hoax*, about 90 per cent of all hysterectomies are unnecessary. Gynaecological consultants to Ralph Nader's Public Health Research Group reached a similar conclusion in 1991 in their book, *Women's Health Alert*. According to Dr West, the only 100-per-cent-appropriate reason for performing an hysterectomy is for treating cancer of the reproductive organs.[3] However, hysterectomies are all too frequently offered as treatment for a variety of conditions including endometriosis, fibroids, ovarian cysts, pelvic inflammatory disease and uterine prolapse.

It is no accident that gynaecologists happen to be the highest earners of all specialists. Throughout their lives, women are encouraged to be subjected continuously to various medical treatments and procedures. Natural female functions, from menstruation through childbirth and into menopause, are taken over by medical and pharmaceutical interventions. Barraged by misinformation, myths, propaganda and, in some cases, downright lies, it's no wonder that so many women are thoroughly confused about matters relating to their own bodies and their health.

The History of Hormone Replacement Therapy

Perhaps there's no topic of greater confusion to women than the highly publicised introduction of HRT for the menopausal woman. It is touted as the best thing for liberating women since the discovery of oral contraceptives—even though the statistics now show

that the wide use of the Pill has given rise to health hazards such as breast cancer, high blood-pressure and cardiovascular disease on a scale previously unknown in medicine.[4]

Investigation into the theory of hormone replacement goes all the way back to the 1930s with the research of Dr Serge Voronoff. His research involved implanting fresh monkey's testicles into men's scrotums, with limited effectiveness. Offshoots of his research led to the grafting of monkey ovaries in women, with rather dire consequences. After several fatalities (to both monkeys and women), the search was redirected to the use of synthetic oestrogen. With the advent of World War II, research was put on hold.

Menopause didn't really come into vogue as a topic of concern for the medical profession until the 1960s. In 1966 a New York gynaecologist, Dr Robert Wilson, wrote a best-seller called *Feminine Forever*, extolling the virtues of oestrogen replacement to save women from the "tragedy of menopause which often destroys her character as well as her health". His book sold over 100,000 copies in the first year. Wilson energetically promoted menopause as a condition of "living decay". According to him, oestrogen replacement was a kind of long-sought-after youth pill that would save poor, fading women from the horrors of age. He popularised the erroneous belief that menopause is a deficiency disease.

Women's magazines eagerly seized upon his ideas and extensively promoted his concepts. This pleased Wilson no end, since he had earlier set up The Wilson Foundation for the sole purpose of promoting the use of oestrogen drugs. The pharmaceutical industry generously contributed over US$1.3 million to his Foundation. Each year he received funds from such companies as Searle, Wyeth-Ayerst Laboratories and Upjohn which made hormone products that Wilson claimed were effective in treating and preventing menopause. Pharmaceutical companies jumped on the bandwagon with aggressive promotions and advertising campaigns. His message hit a receptive chord: mid-life women need hormone drugs to be rescued from the inevitable horrors and decrepitude of this terrible deficiency disease called menopause.

Wilson pioneered the use of unopposed oestrogen. However, there had been no formal assessment of the safety of oestrogen therapy or its long-term effects. Unopposed oestrogen went out of vogue when it became obviously apparent that it shortened the lifetime of its users. In 1975, *The New England Journal of Medicine* examined the rates of endometrial cancer for oestrogen consumers, concluding that the risk was seven-and-a-half times greater for oestrogen users. Women who had used oestrogen for seven years or longer were 14 times more likely to develop cancer.[5]

As the popularity of unopposed oestrogen therapy waned, new approaches were sought. The focus was also directed away from the false claims of preserving feminine beauty and youthfulness and towards more urgent health matters. The pharmaceutical industry resurrected oestrogen replacement therapy with the new 'safe' hormone replacement therapy—a combination of synthetic progesterone and oestrogen which would supposedly protect menopausal women not only from cardiovascular disease but also from the ravages of osteoporosis.

While the so-called 'experts' on women's health are reassuring women that there are no, or at least only very minor, unpleasant side-effects, Dr Lynette J. Dumble, Senior Research Fellow at the University of Melbourne's Department of Surgery at the Royal Melbourne Hospital, believes that "the sole basis of HRT is to create a commercial market that is highly profitable for the pharmaceutical companies and doctors. The supposed benefits of HRT are totally unproven." She believes that HRT not only exacerbates the presenting health problems but also contributes to the acceleration of the ageing process of women. It either hastens the onset of other medical conditions or worsens the existing ones.

This perspective seems to be validated by the recent findings from a landmark study, published in *The New England Journal of Medicine* in 1995, involving 121,700 women, which revealed startling effects from HRT. It warned that women who used HRT to offset the symptoms of menopause also increased their chance of developing breast cancer by 30 to 40 per cent by taking the hormone for more than five years. In women aged between 60 and 64, the risk of breast cancer rose to 70 per cent after five years of HRT. Finally, the study concluded that women using HRT were 45 per cent more likely to die from breast cancer than those who chose *not* to use HRT or used it for less than five years.[6]

In women aged between 60 and 64, the risk of breast cancer rose to 70% after five years of HRT. Finally, the study concluded that women using HRT were 45% more likely to die from breast cancer than those who chose *not* to use HRT or used it for less than five years.

According to Leslie Kenton, author of *Passage to Power*, "everybody who is anybody will tell you that menopause is an oestrogen-deficiency disease and that you will need to take more oestrogen as you approach mid-life. What may surprise you is this: not only is most of such commonly given advice on menopause wrong, a great deal of it can be positively dangerous."

Fortunately there is another side to the hormone story—a perspective that not only can assist women of all ages to attain greater health but also to reclaim a greater sense of power, responsibility and dignity in their lives.

A Brief Gynaecological Tour of a Woman's Body

In order to understand the HRT debate, it is important, first, to have a rudimentary knowledge of a woman's cyclic nature.

Until recently, doctors thought that menopause began when all the eggs in the ovaries had been used up. However, recent work has shown that menopause is probably not triggered by the ovaries but by the brain. It seems that both puberty and menopause are brain-driven events.

Menstruation depends on a complex network of hormonal communications between the ovary, the hypothalamus and the pituitary gland in the brain. The hypothalamus secretes gonadotropin-releasing hormone (GnRH) which triggers the production of follicle-stimulating hormone (FSH) by the pituitary gland. The FSH then stimulates the growth of the egg follicles (a small excretory sac or gland) in the ovaries to trigger ovulation. As the egg follicles grow, oestrogen is manufactured and released into the blood.

This chain reaction is not just one-way. Oestradiol, one of the ovarian oestrogens in the bloodstream, also acts on the hypothalamus, causing a change in GnRH. Next, this altered hormone stimulates the pituitary to produce luteinising hormone (LH) which causes the egg follicles to burst and the ovum to be released. After the egg is expelled, progesterone is also manufactured by the

collapsed egg follicle which develops into the corpus luteum.

All the hormones released during the menstrual cycle are secreted not in a constant, steady way but at dramatically different rates during different parts of the 28-day cycle.

For the first eight to 11 days of the menstrual cycle, a woman's ovaries make lots of oestrogen. Oestrogen prepares the follicles for the release of one of the eggs. It is oestrogen which proliferates the changes that take place at puberty: the growth of breasts, the development of the reproductive system and the shape of a woman's body.

The rate of oestrogen secretion begins to fall off on about day 13, one day before ovulation occurs. As oestrogen falls, progesterone begins to rise, stimulating very rapid growth of the follicle. Beginning with this secretion of progesterone, ovulation occurs too. After the egg has been released from the follicle (known as the luteal stage of a woman's cycle), the follicle begins to change, enlarging and becoming a unique organ known as the corpus luteum. Progesterone is secreted from the corpus luteum, this tiny organ with a huge capacity for hormone production. The surge of progesterone at the time of ovulation is the source of libido—not oestrogen, as is commonly believed.

After 10 or 12 days, if fertilisation does not occur, ovarian production of progesterone falls dramatically. It is this sudden decline in progesterone levels that triggers the shedding of the secretory endometrium (the menses), leading to a renewal of the entire menstrual cycle.

Ovarian oestrogen and progesterone stimulate the growth of the endometrium, or lining of the uterus, in preparation for fertilisation. Oestrogen proliferates the growth of endometrial tissue, and progesterone facilitates the secretory lining of the uterus so the fertilised egg can implant successfully. Adequate progesterone, therefore, is the hormone most essential to the survival of the fertilised egg and the foetus.

In many cultures around the world, menopause is a transition and an initiation into the fulfilment of a woman's power, totally symptom-free. She is held in the highest regard in her community as a wise, respected elder.

At around 40 years of age, the interaction between hormones alters, eventually leading to menopause. It is still not clear how. Menopause may start with changes in the hypothalamus and the pituitary gland rather than in the ovaries. Scientists have conducted experiments where young mice have had their ovaries replaced with those from aged animals no longer capable of reproducing. The young mice can mate and give birth. This shows that old ovaries placed in a young environment are capable of responding. On the other hand, when young ovaries are put into old mice, these mice cannot reproduce.[7]

Whatever the mechanism triggering menopause, as fewer egg follicles are stimulated, the amount of oestrogen and progesterone being produced by the ovaries declines although other hormones continue to be produced. By no means do the ovaries shrivel up and cease functioning, as is popularly believed. With the reduction of these hormones, menstruation becomes scantier and erratic and eventually ceases.

However, other body sites such as the adrenal glands, skin, muscle, brain, pineal gland, hair follicles and body fat are capable of making these same hormones, enabling the female body to make healthy adjustments in hormonal balance after menopause—provided a woman has taken good care of herself during the premenopausal years with proper lifestyle, diet and attention to mental and emotional health.

Menopausal women have the opportunity to enter this phase of life empowered in their wisdom and creativity as never before. They have access to profound inner-knowing. The renowned sociologist Margaret Mead said, "There is nothing more powerful than a menopausal woman with zest!" In many cultures around the world, menopause is a transition and an initiation into the fulfilment of a woman's power, totally symptom-free. She is held in the highest regard in her community as a wise, respected elder.

The Myth of Oestrogen and Synthetic Progestins

The earlier research that led to the synthesis of oestrogen made possible the development of the oral contraceptive by 1960. With consent of the US Food and Drug Administration (FDA), the Pill was widely marketed as an effective, convenient method of birth control. True sexual liberation for women was at hand at last.

However, the entire basis for the FDA's consent was the result of clinical studies conducted on 132 Puerto Rican women who had taken the Pill for one year or longer.[8] (Never mind the fact that there were five women who died during the study without any investigation into the cause of their deaths.)

By the mid-1970s the death toll of women from heart attacks and strokes began to attract public notice. A newer, supposedly safer Pill was then created with a lower dose of oestrogen. But, in fact, there has never been any valid scientific proof that the Pill is safe—nor, for that matter, that any of the other forms of contraception presently available are safe. Women are only now discovering the price they have been paying for their sexual freedom: by altering their hormonal balance, many varied and devastating emotional and physiological dysfunctions have been created.

It is now 35 years on from the introduction of oral contraception and there are presently about 60 million women worldwide who are, in effect, 'trialling' the Pill. Its safety and long-term effects have still not been established conclusively. It is interesting to note, however, that it has produced a wide assortment of adverse effects and side-effects and has a significant link to breast cancer, high blood-pressure and, in particular, cardiovascular disease—the major cause of female deaths in Australia. In 1992, 27,833 women died from heart disease and strokes, compared to 2,438 from breast cancer.[9] Is this merely a coincidence, or do these statistics indicate, perhaps, the harmful side-effects of tampering with hormones?

While proclaimed also as the primary missing ingredient for the menopausal woman, oestrogen is strongly recommended by the medical and pharmaceutical industries for the prevention of cardiovascular disease and osteoporosis. Just about any doctor's surgery you walk into these days will warn women of the inherent risks of going through menopause and, for that matter, the postmenopausal years without the protection of oestrogen. Women are further reminded, once again, that menopause is a deficiency disease, which supposedly means that they are lacking oestrogen and therefore must have supplemental doses to maintain their health.

As Dr Lynette Dumble has noted, "Broadly speaking, cardiovascular prevention in women has overwhelmingly focussed on hormone replacement. Yet, as Elizabeth Barrett-Connor emphasises,

the Big Trial, the Coronary Drug Project of 1973 that included two oestrogen regimens, was conducted in men. As part of the Big Trial design, oestrogen doses extravagantly in excess of physiological levels were deliberately administered to men in order to induce gynaecomastia [enlargement of male breasts] as an indicator of successful feminisation. This resulted in thrombosis and impotence and ultimately led to research failure because of treatment discontinuations amongst the study's participants."[10]

According to medical practitioner, independent researcher and author Dr John Lee, the one notable study (known as the Boston Health Study, conducted with a large sampling of nurses) which formed the entire basis of the positive oestrogen-cardiovascular link, was radically flawed. Although there is ample evidence from numerous other studies showing that, indeed, the opposite is true—i.e., oestrogen is a significant factor in creating heart disease—these findings have been virtually ignored in the frenzy for profits. He goes on to say that the pharmaceutical advertisements also neglected to mention the fact that stroke death incidence from that study was 50 per cent higher among the oestrogen users.

Dr Lee has compiled a list of side-effects and physiological impairments which result from taking oestrogen. They include increased risk of endometrial cancer, increased body fat, salt and fluid retention, depression and headaches, impaired blood-sugar control (hypoglycaemia), loss of zinc and retention of copper, reduced oxygen levels in all cells, thickened bile and promoted gall bladder disease, increased likelihood of breast fibrocysts and uterine fibroids, interference with thyroid activity, decreased sex drive, excessive blood-clotting, reduced vascular tone, endometriosis, uterine cramping, infertility, and restraint of osteoclast function.

With so many side-effects and dangerous complications, a woman must think very carefully about the HRT decision. Unfortunately, most doctors will tell her that there is no other alternative. While certainly most doctors are well-meaning and sincerely concerned about their patients, their primary source of education and product information comes directly from the pharmaceutical companies. Since most women also lack essential education and understanding about their options, menopause can be perceived as a rather frightening and perilous time.

Enter Natural Progesterone

For the past 15 years, Dr Lee has conducted independent research into a natural, plant-derived form of progesterone. His non-pharmaceutically-funded research presents a much broader understanding of a woman's hormonal options and offers a totally safe, effective alternative that is free of all side-effects. He has found that this natural hormone—used in conjunction with a good diet and lifestyle changes—is capable of eliminating much of the suffering associated both with premenstrual syndrome (PMS) and menopause. Thousands of women in the Western world now use natural progesterone—generally in the form of a non-prescription cream which is rubbed into the body. They claim that they not only have relief from female symptoms but experience increased vitality, better skin and renewed emotional balance.

Natural progesterone seems to have been totally overlooked by medical science while the erroneous focus has been on oestrogen. Considering that it is non-patentable and inexpensive, it not surprising that this is so. It is important, however, to have a much greater understanding and appreciation for this remarkable hormone.

As was previously mentioned, it is progesterone that is responsible for maintaining the secretory endometrium which is necessary for the survival of the embryo as well as the developing foetus throughout gestation. It is little realised, however, that progesterone is the mother of all hormones. Progesterone is the important precursor in the biosynthesis of adrenal corticosteroids (hormones that protect against stress) and of all sex hormones (testosterone and oestrogen). This means that progesterone has the capacity to be turned into other hormones further down the pathways as and when the body needs them. The point needs to be emphasised that oestrogen and testosterone are end metabolic products made from progesterone. Without adequate progesterone, oestrogen and testosterone will not be sufficiently available to the body. Besides being a precursor to sex hormones, progesterone also facilitates many other important, intrinsic physiological functions (which will be discussed later).

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The Oestrogen Dominance Effect

Female problems seem to be on the rise. Between 40 and 60 per cent of all women in the West suffer from PMS. In addition, women also suffer from a plethora of symptoms, some menopausal and others not. Something quite alarming certainly seems to be happening to women. There is indication that proper hormonal balance necessary for a woman's body to function healthily is being interfered with by a number of factors. Research has revealed that a good portion of women in their 30s (and some even younger), long before the onset of menopause, on occasion will not ovulate during their menstrual month.[11] Without ovulation, no corpus luteum results and no progesterone is made. A progesterone deficiency ensues.

Several problems can result from this deficiency. One is the month-long presence of unopposed oestrogen with all its attendant side-effects, as already mentioned. Another is the generally unrecognised problem of progesterone's role in osteoporosis. Contemporary medicine is still unaware that progesterone stimulates osteoblast-mediated new bone formation. Actually, it is progesterone that stimulates new bone tissue and is capable of reversing osteoporosis at any age. Lack of progesterone means that new osteoblasts are not created and osteoporosis can arise.[12] A third major problem results from the interrelationship between progesterone loss and stress. Stress combined with a bad diet can induce anovulatory cycles. The consequent lack of progesterone interferes with the production of the stress-combating hormones, exacerbating stress conditions that give rise to further anovulatory cycles. And so the vicious cycle continues.

Another major factor contributing to this imbalance between oestrogen and progesterone is environmental in nature. We in the industrialised world now live immersed in a rising sea of petrochemical derivatives. They are in our air, food and water. These chemicals include pesticides and herbicides (such as DDT, dieldrin, heptachlor, etc.) as well as various plastics (polycarbonated

plastics found in babies bottles and water jugs) and PCBs. These oestrogen-mimics are highly fat-soluble, not biodegradable or well-excreted, and accumulate in fat tissue of animals and humans. These chemicals have an uncanny ability to mimic natural oestrogen. They are given the name "xeno-oestrogens" since, although they are foreign chemicals, they are taken up by the oestrogen receptor-sites in the body, seriously interfering with natural biochemical changes.

Mounting research is now revealing an alarming situation worldwide created by the inundation of these hormone-mimics. In a recently released book, *Our Stolen Future*, authors Theo Colburn of the World Wildlife Fund, Dianne Dumanoski of *The Boston Globe* and John Peterson Meyers, a zoologist, have identified 51 hormone-mimics, each able to unleash a torrent of effects such as reduced sperm production, cell division and sculpting of the developing brain. These mimics are not only linked to the recent discovery that human sperm-counts worldwide have plunged by 50 per cent between 1938 and 1990 but also to genital deformities, breast, prostate and testicular cancer, and neurological disorders.[10]

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Now, instead of oestrogen playing its essential role within the well-balanced symphony of steroid hormones in a woman's body, it has begun to overshadow the other players, creating biochemical dissonance. The last thing in the world a woman's body needs is more oestrogen—either in the form of contraceptives or HRT. Then, when the oestrogen-dominant symptoms appear, guess what is prescribed? More oestrogen! The delicate natural oestrogen/progesterone balance is radically altered due to too much oestrogen. Progesterone deficiency is then exacerbated even more.

Dr Lee has been able to balance the oestrogen-dominance effect through the use of transdermal natural progesterone cream. Natural progesterone, a cholesterol derivative, is made from wild Mexican yams or soybeans whose active ingredients are an exact molecular match of the body's own progesterone. It is interesting to note that in countries in Asia and South America where women eat either the wild yams or soybeans, the term "hot flush" doesn't even exist in their languages. They also rarely suffer from the host of female problems presently plaguing Western women.

Supplementation with natural progesterone corrects the real problem: progesterone deficiency. Natural progesterone is not known to have any side-effects; nor have any toxic levels been found to date. Natural progesterone increases libido, prevents cancer of the womb, protects against fibrocystic breast disease, helps protect against breast cancer, maintains the uterus lining, hydrates and oxygenates the skin, reverses facial hair growth and hair thinning, acts as a natural diuretic, helps eliminate depression and increase a sense of well-being, encourages fat-burning and the use of stored energy, normalises blood-clotting, and is a precursor to other important stress and sex hormones. Even the two most prevalent menopausal symptoms—hot flushes and vaginal dryness—quickly disappear with applications of natural progesterone.

There is one other very significant benefit of natural progesterone that deserves a bit more attention. While most people are under the assumption that oestrogen protects against osteoporosis—one of the biggest selling-points for which a woman is encouraged to take HRT—this is definitely not the case.

The early studies on which the oestrogen-protection assumption was based had gross scientific defects. Canadian researcher Jerilyn Prior, chief endocrinologist at the University of British Columbia in Vancouver, and her colleagues, reporting in *The New England Journal of Medicine*, confirmed that oestrogen's role in osteoporosis is only a minor one. In their studies of female athletes, they found that osteoporosis occurs to the degree that they become progesterone-deficient, even though their oestrogen levels seem to remain normal. Prior continued her research with non-athletic women. They showed the same results. While both these groups of women were menstruating, they had anovulatory cycles and, therefore, were progesterone-deficient.

Prior then went on to discover that anovulation and a short-phase cycle now occur in up to 50 per cent of North American women's menstrual cycles during the final reproductive years.[14] Unfortunately, these major findings went relatively unnoticed in the medical community.

As a result of her extensive review of published scientific evidence in this area, Prior confirmed that it is not oestrogen but progesterone which is the bone-trophic hormone; that is, the bone builder. She was even able to identify progesterone receptor-sites on osteoblast cells (bone tissue-building cells). Nobody has ever found osteoblast receptors for oestrogen. The bottom line is that it is in women with progesterone deficiency that bone loss occurs.[15]

These results were verified by a three-year study of 63 post-menopausal women with osteoporosis. Women using transdermal progesterone cream experienced an average 7 to 8 per cent bone-mass density increase in the first year, 4 to 5 per cent the second year, and 3 to 4 per cent in the third year! Untreated women in this age category typically lose 1.5 per cent bone-mass density per year! These results have not been found with any other form of hormone replacement therapy or dietary supplementation.[16]

Dr Lee believes that the use of natural progesterone in conjunction with dietary and lifestyle change can not only stop osteoporosis but can actually reverse it—even in women aged 70 or more.

At this point, it is important to make the distinction between the natural progesterone that is produced by the body and the synthetic progesterone analogues classified as progestins, such as Provera, Duphaston and Primulut. As you will learn, there is a big difference between the two in their effect in the body, although doctors most often use their names interchangeably. Since natural progesterone is not a patentable product, the pharmaceutical companies have molecularly altered it to produce synthetic progestins commonly used in contraceptives and HRT.

Synthetic progestins, because they are not exact replicas of the body's natural progesterone, unfortunately create a long list of

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side-effects, some of which are quite severe. A partial list includes headaches, depression, fluid retention, increased risk of birth defects and early abortion, liver dysfunction, breast tenderness, breakthrough bleeding, acne, hirsutism (hair growth), insomnia, oedema, weight changes, pulmonary embolism and premenstrual-like syndrome.[17]

Most importantly, progestins lack the intrinsic physiological benefits of progesterone, thus they cannot function in the major biosynthetic pathways as progesterone does and they disrupt many fundamental processes in the body. Progesterone is an essential hormone that also plays a part in the development of healthy nerve cells and brain and thyroid function. Progestins tend to block the body's ability to produce and utilise natural progesterone to maintain these life-promoting functions.

The hormone story is certainly a very complicated one. Up until now, only one version of the story has been available to the majority of Western women, especially Australian women. Serious doubt has been cast on the efficacy and appropriateness of oestrogen and progestins in all the forms they take. Women are certainly suffering from a wide variety of female complaints.

What complicates the hormone story is that the prescribed treatments for these complaints are actually making the problem worse. Without understanding the far-reaching side-effects of oestrogen dominance and progestin, doctors are misdiagnosing the cause of these aggravated conditions. Often, other drugs are then prescribed with disastrous side-effects, as the spiral of unnecessary medication increases. What is the ultimate toll, not only on a woman's deteriorating health and emotional well-being but also on her financial situation, her relationships and her career?

Without adequate knowledge, education and access to natural products, women have been easy prey to the powerful campaigns of the multinational drug companies that have convinced doctors as well as governments of their claims. It is becoming more evident that women's interests are not always best met through such a biased approach. It is also not unusual for profits to take precedence over health and well-being. The last thing a woman needs is to have her natural bodily functions denigrated to deficiency diseases—thus necessitating ongoing medical attention.

It is indeed time for women to take even greater responsibility for their health, their choices and their lifestyles. The greatest weapon against compliance and ignorance is knowledge. It's time to ask poignant questions of your health provider, to demand answers and to be willing to investigate safe, alternative approaches. It is apparent that women will need to participate in educating their doctors about the other choices that exist as well as the ones that they prefer.

Certainly, women have it well within their own power not only to find safe, natural and effective ways to heal themselves but to live long, full lives, preserving their vitality, youthfulness and health. Women deserve the right to appreciate themselves and their bodies through all the stages of life. As women find the way to return to a greater balance within themselves, they will know profoundly the truth of what Dr Deepak Chopra has said about women: "Feminine wisdom is the intelligence at the heart of creation." ∞

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EFFECTS OF OESTROGEN DOMINANCE

1. When oestrogen is not balanced by progesterone, it can produce weight gain, headaches, bad temper, chronic fatigue and loss of interest in sex—all of which are part of the clinically recognised premenstrual syndrome.

2. Not only has it been well-established that oestrogen dominance encourages the development of breast cancer thanks to oestrogen's proliferative actions, it also stimulates breast tissue and can, in time, trigger fibrocystic breast disease—a condition which wanes when natural progesterone is introduced to balance the oestrogen.

3. By definition, excess oestrogen implies a progesterone deficiency. This, in turn, leads to a decrease in the rate of new bone formation in a woman's body by the osteoblasts—the cells responsible for doing this job. Although most doctors are not yet aware of it, this is the prime cause of osteoporosis.

4. Oestrogen dominance increases the risk of fibroids. One of the interesting facts about fibroids—often remarked on by doctors—is that, regardless of the size, fibroids commonly atrophy once menopause arrives and a woman's ovaries are no longer making oestrogen. Doctors who commonly use progesterone with their patients have discovered that giving a woman natural progesterone will also cause fibroids to atrophy.

5. In oestrogen-dominant menstruating women where progesterone is not peaking and falling in a normal way each month, the ordered shedding of the womb lining doesn't take place. Menstruation becomes irregular. This condition can usually be corrected by making lifestyle changes and using a natural progesterone product. It is easy to diagnose by having a doctor measure the level of progesterone in the blood at certain times of the month.

6. Endometrial cancer (cancer of the womb) develops only where there is oestrogen dominance or unopposed oestrogen. This, too, can be prevented by the use of natural progesterone. The use of the synthetic progestins may also help prevent it, which is why a growing number of doctors no longer give oestrogen without combining it with a progesterone drug during HRT. However, all synthetic progestins have side-effects.

7. Waterlogging of the cells and an increase in intercellular sodium, which predispose a woman to high blood-pressure or hypertension, frequently occur with oestrogen dominance. These can also be side-effects of taking synthetic progestogen [progestins]. A natural progesterone cream usually clears it up.

8. The risk of stroke and heart disease is increased dramatically when a woman is oestrogen-dominant.

(Source: Leslie Kenton, *Passage to Power*, Random House, UK, 1995)

ANTI-AGEING BENEFITS OF NATURAL PROGESTERONE

1. Progesterone is a primary precursor in the biosynthesis of the adrenal corticosteroids. Without adequate progesterone, synthesis of the cortisones is impaired and the body turns to alternate pathways. These alternate pathways have masculine-producing side-effects such as long facial hairs and thinning of scalp hair. Further impaired corticosteroid production results in a decrease in the ability to handle stress, e.g., surgery, trauma or emotional stress.

2. Many peri- or post-menopausal women with clinical signs of hypothyroidism, such as fatigue, lack of energy,

intolerance to cold, are actually suffering from unrecognised oestrogen dominance and will benefit from supplementation with natural progesterone.

3. Oestrogen and most of the synthetic progestins increase intracellular sodium and water uptake. The effect of this is hypertension. Natural progesterone is a natural diuretic and prevents the cell's uptake of sodium and water, thus preventing hypertension.

4. Whereas oestrogen impairs homeostatic control of glucose levels, natural progesterone stabilises them. Thus, natural progesterone can be beneficial to both those with diabetes and those with reactive hypoglycaemia. Oestrogen should be contraindicated in patients with diabetes.

5. Thinning and wrinkled skin is a sign of lack of hydration in the skin. It is common in peri- and post-menopausal women and is a sure sign of hormone depletion. Transdermal natural progesterone is a skin moisturiser which restores skin hydration.

6. Progesterone serves a role in keeping brain cells healthy. A disorder such as premature senility (Alzheimer's disease) may be, at least in part, another example of disease secondary to progesterone deficiency.

7. Progesterone is essential for the healthy development of the myelin sheath which protects the nerve cells. Low progesterone levels lead to recurring aches and pains.

8. Progesterone creates and promotes an enhanced sense of emotional well-being and psychological self-sufficiency.

9. Progesterone is responsible for enhancing the libido.

(Source: John R. Lee, M.D., *Slowing the Aging Process with Natural Progesterone*, BLL Publishing, CA, USA, 1994, p. 14)

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